

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF TEACHER QUALITY AND URBAN EDUCATION TEACHER CERTIFICATION POST OFFICE BOX 480 JEFFERSON CITY, MISSOURI 65102-0480

(573) 751-0051

APPLICATION FOR INITIAL MISSOURI TEACHING CERTIFICATE FOR NON-MISSOURI GRADUATES

NOTE: DO NOT use this application for administration other non-classroom certification.	on, counseling, so	chool psychologist,	school psycholog	ical examiner	, or any
SECTION A: TO BE COMPLETED BY APPLICANT					
I. SOCIAL SECURITY NUMBER					
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)					
ALL MAIDEN/FORMER NAMES					
STREET ADDRESS					
CITY, STATE, ZIP CODE					
DATE OF BIRTH	l i	PHONE NUMBERS			
MALE FEMALE	1	H ()	W ()	
II. List all states where you hold or have held a teachin	g certificate. III.	Missouri area(s)	of certification reques	sted.	
Subject area		ect area	Grade le	evels	
				-	
Enclose a notarized copy of each certificate.		-		-	
IV. Professional conduct (ALL questions must be an	swered)				
Applicants must submit two (2) full sets of fingerprints to the Missouri Department of Elementary and Secondary Education, Professional Conduct Section, Post Office Box 480, Jefferson City, Missouri 65102-0480. Fingerprint cards must be obtained from the Missouri Department of Elementary and Secondary Education, Professional Conduct Section, Post Office Box 480, Jefferson City, Missouri 65102-0480 and may be completed by any law enforcement agency. Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.					
•				YES	NO
 A. Have you ever been charged with, convicted or entered misdemeanor whether or not sentence was imposed or 					
B. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?					
 C. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you? D. Have you ever resigned or been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge? 					
V. Sworn Affidavit					
I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well. I hereby give the recommending certification institution permission to release any and all information needed in Section B.					
LEGAL SIGNATURE OF APPLICANT	DATE				
		* \$25.00 money order payable to "Treasurer, State of Missouri" is enclosed.			

SECTION B: This section MUST be completed by the Certification Officer of the State-Approved Teacher Education Institution where the initial teacher education program was completed. Please carefully complete the information in this section regarding this applicant. To be valid, this form must be signed by the Certification Officer, Dean of the College or School of Education, the Chairman of the Education Department, or the Dean's designee at the institution where the applicant completed his/her teacher preparation program and certification program. A stamped signature must be initialed by the person using the stamp. Please verify your information I. List all colleges and universities where the applicant completed coursework. NOTE: See applicant's release statement in Section A. TOTAL TOTAL TOTAL **DATES OF ATTENDANCE** NAME OF STATE DEGREE YEAR **HOURS HOURS QUALITY COLLEGE/UNIVERSITY COMPLETED POINTS ATTEMPTED TOTALS OVERALL GPA** II. List PRAXIS II Test Areas and Scores PRAXIS II Specialty Area Test(s) SUBJECT SCORE SUBJECT SCORE PRAXIS II Principles of Learning and Teaching Test 7-12 5-9 SCORE III. Make the following recommendation(s) based upon your State Approved Teacher Education Program which the applicant has completed at your institution. A. I verify that this applicant has completed our state-approved teacher education program(s) in the major area(s) of: SUBJECT AREA GRADE LEVEL SUBJECT AREA B. I verify that this applicant has completed our state-approved teacher education program(s) in the added endorsement area(s) of: SUBJECT AREA GRADE LEVEL GRADE LEVEL SUBJECT AREA C. I verify that this applicant has: a minimum overall grade point average of 2.5 on a 4.0 scale YES NO a minimum major area of study grade point average of 2.5 on a 4.0 scale YES NO a minimum professional education grade point average of 2.5 on a 4.0 scale YES NO D. I verify that this applicant has been or can be recommended for a full teaching certificate in our state. YES NO CERTIFICATION OFFICER'S SIGNATURE RECOMMENDING INSTITUTION DATE STATE-APPROVED TEACHER EDUCATION PROGRAM APPROVAL INFORMATION FIRST YEAR STATE APPROVAL WAS GRANTED DATE CURRENT STATE APPROVAL EXPIRES REGISTRAR'S SIGNATURE NAME OF INSTITUTION **AFFIX** PRINT/TYPE REGISTRAR'S NAME ADDRESS OF INSTITUTION **OFFICIAL** STAMP OR SEAL DATE PHONE NUMBER HERE PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED AND SIGNED ENVELOPE. PHOTOCOPIES OR FACSIMILIES OF THIS COMPLETED FORM CANNOT BE ACCEPTED. Missouri Teacher Certification office use only **CLASSIFICATION** CERTIFICATION TYPE STEP EFF. DATE CODE TEX ACTION LVL SUB CLS EFF. DATE RI CODE